

Electronic Filing System (EFS) Data
Electronic Patent Application Submission
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EFS ID: 15569
Application ID: 10064010
Title of Invention: LIGHT THERAPY EQUIPMENT
First Named Inventor: George Vlahos
Domestic/Foreign Application: Domestic Application
Filing Date: null
Effective Receipt Date: 2002-06-04
Submission Type: Utility Patent Filing
Filing Type: new-utility
Confirmation Number: 0
Attorney Docket Number: NONE
Digital Certificate Holder: cn=Domenica N. S. Hartman, ou=Registered Attorneys, ou=Patent and Trademark Office, ou=Department of Commerce, o=U.S. Government, c=US
Certificate Message Digest: lBOmqVSnXltOLIS7Ym6UcA==
Total Fees Authorized: \$412.0
Payment Category: DA - Deposit Account
Deposit Account Number: 80960
Deposit Account Name: Domenica N.S. Hartman



TRANSMITTAL FORM

Electronic Version 1.0.3

Stylesheet Version: 1.0

Submission Type: Utility Patent Filing



LIGHT THERAPY EQUIPMENT

First Named Inventor: Mr. George J. Vlahos

SUBMITTED BY

Name: Mr. Gary M. Hartman

Registration Number: 33,898

Electronic Signature Mark: Gary M.
Hartman

Date Signed: 20020604

I certify that the use of this system is for OFFICIAL correspondence between patent applicants or their representatives and the USPTO. Fraudulent or other use besides the filing of official correspondence by authorized parties is strictly prohibited, and subject to a fine and/or imprisonment under applicable law.

I, the undersigned, certify that I have viewed a display of document(s) being electronically submitted to the United States Patent and Trademark Office, using either the USPTO provided style sheet or software, and that this is the document(s) I intend for initiation or further prosecution of a patent application noted in the submission. This document(s) will become part of the official electronic record at the USPTO.

Attached Files:

declaration	A2-1500DPOA.tif
specification	specification.xml
ibid-transmittal	hartmanA2-1500apds.xml
fee-transmittal	hartmanA2-1500fee.xml

Attached Image File(s):

A2-1500DPOA.tif

10064010

Comments:

[illegible]

DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name; and

I believe I am an original, first and ☐ joint ☒ sole inventor of the subject matter which is claimed a for which a patent is sought on the invention entitled:

LIGHT THERAPY EQUIPMENT

described and claimed in

☒ the attached specification, Attorney Docket No. A2-1500.
☐ the specification filed _____, as U.S. Application Serial No. _____ and amended _____.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including claims as filed and as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a).

I appoint: **Gary M. Hartman, Reg. No. 33,898**
Domenica N.S. Hartman, Reg. No. 32,701

as my attorneys with full power of substitution and revocation, to prosecute this application and to transact all business in the United States Patent and Trademark Office connected therewith.

Address all telephone calls to: **(219) 462-4999**

Address all correspondence to: **Hartman & Hartman, P.C.**
552 East 700 North
Valparaiso IN 46383

I further declare that all statements made herein of my own knowledge are true and that all statements made of information and belief are believed to be true; and further that these statements were made with the knowledge willful false statements and the like so made are punishable by fine or imprisonment, or both, under §1001 of 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

(1) Inventor's Signature: 
Inventor's Full Name: George J. Vlahos
Inventor's Residence: 8549 Heather Court, St. John, Lake County, Indiana 46373

Date: June 3, 2000
Citizenship: Greece

FEE TRANSMITTAL

Electronic Version 1.1.0

Stylesheet Version: 1.0

Patent fees are subject to annual revisions on or about October 1st of each year.

Small Entity

Independent Inventor

TOTAL FEES AUTHORIZED: \$ 412

The commissioner is hereby authorized to charge indicated processing and/or publication fees and credit any overpayments to:

Deposit Account Number: 080960



Deposit Account Name: Hartman and Hartman

Charge Any Additional Fee Required Under 37 C.F.R. Sections 1.16 and 1.17.

Charge Assignment Fees Required Under 37 C.F.R. Section 1.21 (h).

SUBMITTED BY

Authorized Name: Domenica N.S. Hartman

Electronic Signature Mark: Domenica N.S. Hartman

Date Signed: 20020604

BASIC FILING FEE

Fee Description	Fee Code	Fee Paid
Utility Filing Fee	201	\$ 370

Subtotal For Basic Filing Fee: \$ 370

EXTRA CLAIM FEES

	Fee Code	Fee	Extra Claims	Fee Paid
Total Claims: 20	203	\$ 9	0	\$ 0
Independent Claims: 4	202	\$ 42	1	\$ 42

[illegible]